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TO: Group Art Unit 3743

FIRM: United States Patent and Trademark Office

FACSIMILE NO.: 703-872-9306

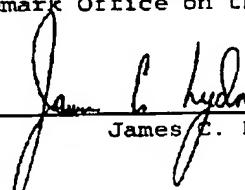
FROM: James C. Lydon

RE: Request for Corrected Filing Receipt
U.S. Patent Appln. S.N. 10/506,971
By: Alain DELACHE et al.
Atty. Docket No.: BONN-121

TOTAL PAGES: 6 including cover sheet.

DATE: May 20, 2005

I hereby certify that this paper is being
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James C. Lydon

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Alain DELACHE et al.

Serial Number: 10/506,971

Group Art Unit: 3743

Filed: September 8, 2004

Examiner: Unassigned

For: AIR ASSISTANCE APPARATUS PROVIDING FAST RISE
AND FALL OF PRESSURE WITHIN ONE PATIENT'S BREATH

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22314-1450

May 20, 2005

Sir:

Applicants request a Corrected Filing Receipt in view of an error in the original filing receipt. More particularly, the first inventor's residence should be Nice, FRANCE. A marked-up copy of the filing receipt showing the error is attached for the convenience of the Office.

Issuance of a corrected filing receipt showing the first inventor's correct residence is requested.

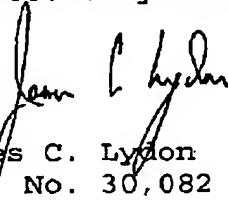
It is not believed any fee is payable for issuance of a corrected filing receipt because this error occurred due to Patent Office mistake, as demonstrated by the attached copy of the

U.S. Patent Appln. S.N. 10/506,971
REQUEST FOR CORRECTED FILING RECEIPT

PATENT

inventors' declaration. Nevertheless, the Commissioner is authorized to charge our Deposit Account No. 50-1258 in the amount of any fee deemed necessary for entry and consideration of this Request.

Respectfully submitted,



James C. Lydon
Reg. No. 30,082

Atty. Docket No.: BONN-121
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Enclosures:

Marked-Up Copy of Filing Receipt
Inventors' Declaration

Page 1 of 2



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/506,971	09/08/2004	3743	523	BONN-121	13	27	1

CONFIRMATION NO. 7875

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FILING RECEIPT



'OC000000015985759'

Date Mailed: 05/12/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

FRANCE
 Alain Delache, Nice, ~~ITALY~~;
 Veronique Delache, Nice, FRANCE;

Power of Attorney: The patent practitioners associated with Customer Number 32954.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/IB03/01392 03/10/2003
 which claims benefit of 60/382,441 03/08/2002

Foreign Applications

Projected Publication Date: 08/18/2005

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Air assistance apparatus providing fast rise and fall of pressure within one patient's breath

7-900410040 (MURGATROYD, NICK)

U.S. PAT.

DES. 1999

Full name of second inventor: Véronique DELACHEInventor's Signature: Date: Sept 02, 2006Residence: 15, avenue de la Roseraie, F-06300 Nice, FRANCECitizenship: FrenchPost Office Address: same as above

Full name of third inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of seventh inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of eighth inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of ninth inventor: _____

Inventor's Signature: _____ Date: _____

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